

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mm G</i>		2/2/00
O.I.P.E. CLASSIFIER	<i>Dr</i>	37	2/17/00
FORMALITY REVIEW		6500	<i>HS</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	1	✓	6-12-02
2	2	✓	6-8-02
3	3	✓	3-15-03
4	4	✓	4-20-03
5	5	✓	4-20-03
6	6	✓	4-20-03
7	7	✓	4-20-03
8	8	✓	4-20-03
9	9	✓	4-20-03
10	10	✓	4-20-03
11	11	✓	4-20-03
12	12	✓	4-20-03
13	13	✓	4-20-03
14	14	✓	4-20-03
15	15	✓	4-20-03
16	16	✓	4-20-03
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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